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## ARMY DOCTORS AND DENTISTS TO GET EXTRA \$100 A MONTH

Major General Raymond W. Bliss, Surgeon General of the Army, announced recently that effective September 1 an additional \$100 a month will be paid to all Regular Army Medical and Dental Corps officers as well as other officers serving voluntarily on extended active duty in these Corps.

General Bliss emphasized that this addition to the incomes of medical and dental officers is regarded by the War Department "not as a pay increase but as an equalization measure designed to bring the incomes of Medical and Dental Corps officers more nearly in line with those of civilian doctors and dentists."

General Bliss explained that "the additional compensation will also aid in reimbursing the medical and dental officers for the costs of their professional education and for their loss of earnings while in medical or dental school."

The Army will also follow a new policy of commissioning selected doctors and dentists in the Regular Army in grades as high as full colonel depending upon their age and professional qualifications. In the past, medical and dental officers entering the Regular Army have been initially commissioned only as first lieutenants. Wartime officers have been integrated into the Regular Army in grades through that of major. The measure authorizing appointment of Regular Army Medical and Dental Corps officers in advanced grade also provides for such officers to be credited, for purposes of promotion, with the minimum number of years of service "now or hereafter required for promotion of officers of the Medical and Dental Corps to the grade in which appointed."

The Surgeon General explained that these important changes in the Army's medical program have been made possible by legislation passed by Congress on July 26 and signed by President Truman on August 5. This measure is in the form of an amendment to the Pay Readjustment Act of 1942.

MORE



## ARMY DOCTORS AND DENTISTS TO GET EXTRA \$100 A MONTH (Continued)

General Bliss said the \$100 increase in compensation for Army medical and dental officers will benefit not only Regular Army but also Reserve, National Guard and Army of the United States officers. Former students of the Army Specialized Training Program who are required to serve on extended active duty are eligible for this increase in compensation when they apply for and are accepted into the Regular Army. Under study at present is the length of time which these Army Specialized Training Program-trained officers must serve on active duty before becoming eligible to apply for the regular establishment. This policy will be announced when formulated.

The enabling legislation limits the duration of these benefits to 30 years of active service.

The extra \$100 monthly compensation will be paid not only to officers who are on extended active duty as of September 1, the effective date of the legislation, but to all eligible Medical and Dental Corps officers who are commissioned in the Regular Army, or volunteer for extended active duty within the next five years.

The Surgeon General stated that the enactment of this, and other legislation including the "Officer Personnel Act of 1947", which established an accelerated promotion schedule, will enable the Army Medical Department to offer much greater advantages than it has in the past to doctors and dentists seeking careers in the governmental service.

### MEDICAL SERVICE CORPS CREATED AS PART OF REGULAR ARMY

A far-reaching change in the permanent organization of the Medical Department of the Army went into effect August 5 following President Truman's approval of legislation creating a Medical Service Corps in the regular establishment.

This legislation makes it possible for the first time to give Regular Army commissions to specialists in the scores of fields now closely allied to medicine --- to bacteriologists, entomologists, psychologists, sanitary engineers, pharmacists, chemists, electronics experts and the like. These will be grouped together in a new corps under the Medical Department of the Army.

The need has been evident for a long time. Up to now the Medical Department has been made up of six corps -- Medical, Dental, Veterinary, Pharmacy, Nurse, and Women's Medical Specialists. It has been possible to commission specialists in other fields only in the reserve from which they could be called to service in a national emergency.



## MEDICAL SERVICE CORPS CREATED AS PART OF REGULAR ARMY (Continued)

It became increasingly evident during the two World Wars, with the enormous ramifications of medical science that came about in this period, that greater and greater reliance must be placed on these other specialists for the proper treatment of sick and wounded. They could relieve the Army Medical Corps, in which only physicians can hold commissions, of a great deal of the increasing burden of clinical laboratory and sanitary engineering activities, psychiatric social work and clinical psychology, pharmacy, supply and hospital administration, certain phases of training and field medical service, and in special fields of research requiring specialized skills and training. Availability of the services of non-medical specialists freed the physician from an enormous load of responsibilities not strictly in his field and enabled him to spend more of his time in direct treatment of patients. It relieved him especially from arduous administrative duties.

During World War I, half the commissioned personnel of the Medical Department were physicians. In the last war this percentage had fallen to about one-third, with the difference taken up largely by specialists in fields allied to medicine. This is bound to be more and more the situation in the future as the ramifications of medicine extend into other sciences and new problems arise.

It would have been impractical to have created a multiplicity of separate corps -- such as a Psychologists Corps or a Bacteriologists Corps. This would have involved a difficult administrative problem and probably much duplication of effort. Furthermore, such corps would have been set up with necessarily arbitrary restrictions in the form of educational requirements and the like. It is impossible to predict what kind of a specialist will be needed tomorrow.

Under the present legislation the Surgeon General is free to use his discretion, as the need arises. An expert in enzyme chemistry, for example, can be given a regular commission in the new Medical Service Corps with no more complications than would be involved in commissioning a brain surgeon in the Medical Corps.

The strength of the new corps will be prescribed by the Secretary of War. Grades will range from second lieutenant to colonel.

### SEPTEMBER 30 SET AS DEADLINE FOR NURSE AND SPECIALIST APPLICATIONS

The War Department announced recently that the time limit for applicants seeking Regular Army commissions in the Army Nurse Corps and the Women's Medical Specialist Corps has been extended to September 30, 1947. The previous expiration date was July 31.



## SEPTEMBER 30 SET AS DEADLINE FOR NURSE AND SPECIALIST APPLICATIONS (Cont'd)

The authorized Regular Army strength for nurses, dietitians, physical therapists and occupational therapists is approximately 2900. Applicants for the Regular Army Nurse Corps must be unmarried registered nurses with previous military service, have no dependents under 14 years of age and be between the ages of 21 and 35.

Women's Medical Specialist Corps applicants must be in the 21 to 45 age group, unmarried and no dependents under 14 years of age. Those applying for a commission in the Occupational Therapist Section of the Women's Medical Specialists Corps must have served honorably at any time since December 7, 1941 as a qualified occupational therapist with the Medical Department of the Army in a civilian capacity.

Five hundred nurses have already been commissioned or nominated for commissions in the Regular Army Nurse Corps. Pay and benefits will be the same as for all other Regular Army officers.

Application forms may be secured at Army hospitals, Army headquarters, Placement and Counseling Service for State and District Nursing Associations or from the Surgeon General's Office, War Department, Washington 25, D. C.

## ARMY DENTAL CORPS

The Dental Division of the Office of The Surgeon General, U. S. Army, wishes to call the attention of qualified dentists to the recent passage of legislation increasing the pay of volunteer dental officers, including Regular Army personnel, by a flat one hundred dollars a month. Under the new law a recently appointed first lieutenant, with no previous military experience, may receive up to \$5004 a year, in addition to medical care for himself and his family, paid vacations, increased income tax exemption, and numerous other benefits. Pay in the higher grades, for officers with prior service, will be correspondingly augmented.

There are several methods by which dentists may obtain active duty with the Army Dental Corps, either with or without previous service. Former dental officers who are interested in permanent commissions in the Regular Army and who have not already made application for integration may still submit such application until the fifteenth of September, this year. Officers holding commissions in the Dental Corps Reserve may volunteer for recall to active duty at any time. Qualified dentists who do not now hold Reserve commissions may apply for such commission, requesting simultaneous assignment to active duty. Applications, or requests for additional information, should be addressed to the Office of The Surgeon General, U. S. Army, Washington 25, D. C.



MEMBERS OF MEDICAL DEPARTMENT WILL SHARE IN ESTABLISHMENT  
OF WALTER REED MEMORIAL IN NEW YORK UNIVERSITY HALL OF FAME

Members of the Army Medical Department will share in the honor of placing a bust of Walter Reed in the New York University Hall of Fame, Major General Raymond W. Bliss, The Surgeon General, recently announced.

A niche among these immortals of history has been designated for Walter Reed and arrangements are to be made to provide a statue of this great scientist whose name is synonymous with the conquest of yellow fever.

A few individual doctors have asked that they be given the privilege of contributing the necessary funds for this purpose, an amount estimated to be approximately \$6,000, which includes the commissioning of a sculptor. "It has been suggested, however," General Bliss said, "that all members of the Medical Department would wish to be given the opportunity of paying tribute to Walter Reed by participating in this memorial. No name has reflected greater glory upon the Army Medical Department. It is only fitting and proper that the plaque under the bust should bear evidence that the personnel of the Army Medical Department had a part in the project."

Ceremonies observing this occasion will be held when the Fourth International Congresses of Tropical Medicine and Malaria meet in Washington, D. C., 10-18 May 1948. From all over the world the great scientists in tropical medicine, malaria, and allied specialties will be gathered in Washington for this convention.

The British will pay honor to the memory of their great malariologist, Sir Ronald Ross, at that time. No more appropriate time or place could be had for bringing this ultimate recognition to America's famed Walter Reed.

Members of the Medical Department will be given an opportunity to contribute to this fund if they so desire.

"I am sure that there are many among us who will be glad to have a part in the establishment of this memorial", General Bliss said.

ARMY DISEASE RATES ARE EXTREMELY LOW

Admissions to hospital and quarters because of common respiratory disease and influenza sank to an all-time low during the week ended July 4, 1947 for Army troops in the United States. The rate was 34 cases per thousand troops per annum, the lowest figure recorded during the twenty-three year period for which such weekly rates are available.

During the same week the admission rate of 320 for all diseases also was the lowest experienced since 1924, with the exception of the Christmas weeks in three years in the 1930's. These three exceptions hardly detract from the present record since Christmas-New Year's rates are often artificially low as a result of large numbers of troops being absent on leaves and furloughs.



## ARMY DISEASE RATES ARE EXTREMELY LOW (Continued)

The month of June 1947 afforded an interesting comparison of the health of the Army with that of an earlier period. During June the rate of admission of troops in the U. S. for all causes was 445 per thousand strength per annum as compared with 705 for the years 1942 through 1945.

Similarly, the admission rate for all diseases was 395, in comparison with 634 during the four-year war period; for non-battle injury 49 in June 1947 and 71 in 1942 - 45. Last June's common respiratory disease and influenza rate was 48, exactly one-fourth of the figure for 1942-1945. These differences are much too great to be accounted for by seasonal variation alone.

In 1945 and 1946 the admission rate for non-battle injury in the United States reached new lows but since January 1946 and continuing to the present a slight but steady upward trend has been noted. The rate of 54 per 1000 per annum for the week ended July 4, 1947 was the highest since June 1945 although it was still lower than the rate for any period prior to 1945.

Although rate reductions also are the rule among troops overseas, in comparison with wartime figures, the downward trend has not been as sharp as among troops on duty within the continental limits of the U. S. A conspicuous exception are the venereal infections, whose overseas rate for May, 1947, was twice that for the 1942-45 war years.

A relatively high incidence of rheumatic fever is being reported from overseas, a rate of 3.6 having been recorded in June, compared with a 1942-45 rate of 0.3. The peak thus far this year was reached in April -- 8.0 cases per 1,000 (per annum).

As of May 30, 1947, the Army had 39,555 sick patients in hospitals and quarters, throughout the world. Of this total, 28,727 were under care for disease, 3,801 were battle injury and wound patients and the remaining 7,027 were non-battle injury cases. On the same date, in addition, there were 6,171 non-Army patients in Army hospitals, composed in the main of Veterans Administration beneficiaries and civilian dependents of Army personnel.

## COLONEL BERNIER ELECTED TO FELLOWSHIP

At the annual meeting of The American Dental Association in Boston on August 4 to 8 Lt. Colonel Joseph L. Bernier, Chief of the Dental and Oral Pathology Section of the Army Institute of Pathology was elected to Fellowship in the International College of Dentists. Lt. Colonel Bernier is a Charter Fellow of and Secretary of the American Academy of Oral Pathology and a Fellow of The American Academy of Periodontology.



## ARMY VENEREAL DISEASE RATE HITS NEW LOW SINCE V-J DAY

The Army's venereal disease rate at home and abroad has reached a post-war low, the War Department announced recently.

Stringent regulations outlined last January by Secretary of War Robert P. Patterson were considered by the Army to have brought about the sharp drop in venereal disease. Since Mr. Patterson's instructions to all commanders were written, the Army-wide venereal disease rate has fallen 23 per cent. The latest figures available, for May 1947, show a 30 per cent decrease from the postwar high in the summer of 1946.

In his letter, Mr. Patterson ordered cooperation with civilian authorities in reducing "the reservoir of infection in the adjacent community." This cooperation, he said, must be accompanied by control over sale of liquor to troops and by tightening of discipline within the various commands. He also outlined programs for chaplains, special service officers and provost marshals to follow in curbing venereal disease. Surgeons were ordered to emphasize the moral factors and the role of continence and individual responsibility in their programs of sex hygiene and to recommend further control measures where necessary.

Individuals who became infected were to be restricted to their posts for periods up to 90 days when necessary as a public health procedure, Mr. Patterson added, and commanders were authorized to restrict off-post passes in the case of "irresponsible individuals who repeatedly expose themselves to the risk of venereal disease." Passes, Mr. Patterson emphasized, are a privilege to be awarded for good conduct.

The present venereal disease incidence rate in Europe is 23 per cent below the July 1946 high; in the Pacific 50 per cent below the high rate in October 1946 and in the United States 47 per cent below the April 1946 peak.

Exercising overall supervision over Army venereal disease control in connection with Mr. Patterson's instructions is the War Department Venereal Disease Control Council, made up of ranking members of the War Department General and Special staffs. The council meets periodically to survey venereal disease conditions and to develop further measures for control.

## VETERINARY PUBLICATION

A recent publication of interest to all Veterinary Corps personnel is TB MED 226 "Veterinary Food Inspection Procedure."

This publication is designed as a procedure guide for veterinary officers and veterinary enlisted technicians who may be engaged in conducting any one of the many types of veterinary food or sanitary inspections either in the Zone of Interior or overseas.



## 20 RESERVE OFFICERS TO ATTEND AAF SCHOOL OF MEDICINE

Twenty Medical Corps Reserve Officers will attend a 90-day course at the Army Air Forces' School of Aviation Medicine at Randolph Field (San Antonio), Texas, and graduates will be designated as AAF aviation medical examiners.

The course, from October 6 to December 12, will stress the fundamentals of aviation medicine and the special physical examinations compiled for flying personnel. Eligible for the 12-week curriculum are Medical Corps Reserve Officers under 40 years of age who are physically qualified for flying and who hold an efficiency index of 4.0 or better. Officers now designated as flight surgeons or aviation medical examiners will not be accepted for the training.

Applications for the class can be made by writing directly to the Military Personnel Section, Office of The Surgeon General, War Department, Washington 25, D. C.

## WAR AFTERMATH HAMPER GERMAN CIVILIAN MEDICINE

German medicine, once among the finest in the world, has fallen to an almost unbelievably low estate.

The load of patients is greater than ever before. Many of the hospitals and laboratories are in ruins. Some of the foremost physicians and medical scientists, closely associated with the Nazi regime, still are in concentration camps.

This is the word brought back from Germany by Major General Raymond W. Bliss, Surgeon General of the Army, who has just returned from inspecting American military medical installations beyond the Rhine. There is an extreme shortage of everything needed to care for the sick.

"The doctors may be politically minded", General Bliss said, "but they work now from seven in the morning until eleven at night, so that any political activity must come between the hours of 11:00 P.M. and 7:00 A.M."

General Bliss now has in mind setting up a residency training program for young American Medical Corps officers now stationed in Germany which not only would be of considerable value to the men themselves but would be some aid in the increasingly serious German situation.

Some of the army doctors, many of whom have just started on their professional careers, are acquiring limited experience because of the type of patients -- American soldiers in excellent physical condition whose ailments usually are of the acute, short duration type. General Bliss would like to see them exposed to the vast amount of clinical material available in the German civilian hospitals.



## WAR AFTERMATH HAMPERS GERMAN CIVILIAN MEDICINE (Continued)

"We have a large hospital with some 750 patients in the same immediate area with a German children's hospital where they have 500 to 600 patients," General Bliss said. "Our people are not taking full advantage of the clinical opportunities in the German hospital, and some kind of resident program should be worked out."

The same situation, he explained, exists in several centers where troops are stationed. A cooperative program, he feels, would help both the army doctors and the German patients.

### DENTAL RESEARCH COURSE ANNOUNCED

The Army Medical Research and Development Board has entered into a contract with the University of Rochester School of Medicine and Dentistry, Rochester, New York, to conduct a planned program of Dental research in which Army Dental Corps officers will participate.

The program embraces research and studies in connection with the bacteriological and biochemical aspects of dental caries with special emphasis on the possible importance of proteolytic bacteria in the causation of caries. This investigation will be conducted in the Departments of Bacteriology and Dental Research, under the direction of Dr. George P. Berry, Professor of Bacteriology, and Dr. J. E. Gilda, Senior Fellow in Dentistry. The study will be carried on in close cooperation with Dr. Basil G. Bibby, Director of the Eastman Dental Dispensary.

Also included in the program is the assignment and enrollment in the University of one or more selected Dental Corps officers to participate in this and subsequent studies and to pursue advanced study in the biological sciences as graduate students.

Captain George W. Burnett, DC, of the Army Medical Research and Development Board, Surgeon General's Office, is the first officer to be assigned to the University to study under this dental research program.

It is contemplated that additional qualified Army Dental Corps personnel will be selected for training and participation in other fields of dental research having military application.

### VETERINARY CORPS OFFICER COMMENDED

Colonel Daniel S. Stevenson, V.C., who is on duty with the Military Mission to Panama as consulting veterinarian, has recently been commended by the Panamanian Minister of Agriculture and Commerce for his services rendered in attacking the diseases of cattle and other livestock and in teaching both preventive and curative methods to Panamanian agriculturists.



## MEDICAL CORPS RESERVE OFFICERS TRAINING CORPS PROGRAM 1947-48

The Army Medical Department Plan for peacetime operations requires that Medical Corps ROTC units be established and operated at sixty-six medical schools which are approved by the Council on Medical Education and Hospitals of the American Medical Association. It is contemplated that these units should obtain a total enrollment of approximately 8000 students for all four classes and that they should be able to produce approximately 2000 first lieutenants for the Medical Reserve Corps, beginning with the end of the academic year 1949-50.

During the past year such units were in operation in twenty schools which participated in the program prior to World War II. Since the units were just getting under way again, the total enrollment was only 481 students in all classes. No senior medical ROTC students were graduated, hence none were tendered reserve commissions. However, this is considered to be a good beginning.

Units will be organized at twenty-three new schools for the academic year 1947-48, thus bringing the number of medical units up to forty-three. The remainder of the sixty-six schools will be contacted in the near future for the purpose of arranging for the activation of units for the year 1948-49. This is an ambitious program. However, it is thoroughly in keeping with the personnel requirements for medical corps officers in all of the various components of the Medical Department.

The course of instruction has been revised in keeping with the recommendations of the medical colleges and the experience of the medical service. It is designed to give the student progressive knowledge of the Army in general and the Medical Department in detail, together with familiarization with the many complex problems of military preventive medicine. Upon satisfactory completion of the academic and ROTC curriculum and the six weeks summer training period, the young reserve first lieutenant should be capable of taking care of himself in the Army and performing the functions of a general duty medical officer in positions which do not require leadership. Should he, if on active duty, be assigned to a troop unit he must be given further training.

Regular Army medical officers are being assigned as Professors of Military Science and Tactics for these units. For the most part these are individuals who have had combat experience and are in the younger age group. They are being given the opportunity to participate in graduate professional specialty training which will be credited toward the requirements for admission to the examinations given by the various American Specialty Boards.



## MEDICAL CORPS RESERVE OFFICERS TRAINING CORPS PROGRAM 1947-48 (Cont'd)

The provisions of paragraph 35 of AR 145-10 have been waived by the War Department for medical ROTC instructors. This arrangement will be mutually beneficial to the ROTC program and to the Graduate Professional Education Program. It is contemplated that this arrangement will be made permanent. The professional training is being given in the form of a residency or a fellowship in the specialty in which the officer is interested. Tours of PMS&T duty are for a minimum of two years. Ample time is available for professional study in each case. These assignments are considered to be choice opportunities by those officers who are interested in obtaining certification by one of the established specialty boards.

A total of some forty-three Medical Colleges will operate medical ROTC units for the academic year 1947-48.

## ARMY USES GERMAN HOSPITAL FOR HEPATITIS RESEARCH

One of Hitler's "Youth Through Joy" hospitals which was probably the finest establishment of its kind in the world has been taken over as an American Army research center for study of infectious hepatitis.

This hospital is at Bayreuth in Bavaria. A laboratory for the same study has been set up at the University of Heidelberg.

The causative organism and method of transmission of hepatitis, or jaundice, which first attracted wide attention during the war, thus far have defied detection. It is a malady characterized by fever, nausea and abdominal disturbances -- usually accompanied by the yellow color associated with jaundice.

Thus far it has been established that it is due to a filterable virus. The virus itself has not been isolated. It has not been possible to find any experimental animal which is subject to the malady.

The virus is known to be extremely infective, but there is no agreement as to how the disease is spread or as to its incubation period. There is some evidence that the virus is spread from person to person in water. There also is some reason to believe that the disease is much more common than generally supposed and that it often appears, like the better known poliomyelitis, in a subclinical form which is not recognized by the victim.

The study in Germany is being carried out under the direction of the Commission of Virus and Rickettsial Disease of the Army Epidemiological Board.



## FIRST REGULAR ARMY NURSE RETIRES FROM ACTIVE SERVICE

Colonel Florence A. Blanchfield, Chief of the Regular Army Nurse Corps, the first American woman to receive a full commission in the Regular Army began her final leave on August 15 and upon its completion will retire from active Army service.

As the first officer commissioned in the Regular Army Nurse Corps, Colonel Blanchfield has the same serial number as General Pershing, serial number 0-1 and received her commission in a personal presentation made by General of the Army Dwight D. Eisenhower, Chief of Staff, in Pentagon Building ceremonies.

Colonel Blanchfield entered the Army Nurse Corps thirty years ago at Pittsburgh in July 1917. She is a native of Shepherdstown, West Virginia. Following her appointment she served overseas during World War I with Base Hospital No. 27. After the war she was detailed to a series of nursing duties in medical installations in the United States and had two assignments in the Philippine Islands and one in China. In World War II Colonel Blanchfield spent much of her time in the field where her interest in the welfare of the nurses lent encouragement to their efforts. She made an extended tour of the European and Mediterranean Theaters of Operation, the Antilles Department, and the Pacific Theater of Operation.

She was awarded the Distinguished Service Medal in June 1945 for her devotion to duty as Superintendent of the Army Nurse Corps.

Colonel Blanchfield plans at present "to take a few short motor trips to be followed later by motoring to the west coast and Mexico City."

General George E. Armstrong, Deputy Surgeon General paid high tribute to Colonel Blanchfield's outstanding ability and to the fine record she made in organizing the Army Nurse Corps into one of the finest departments of the Army.

## NOMINATE 427 MORE NURSES FOR REGULAR ARMY NURSE CORPS

On July 22 President Truman forwarded to the Senate for confirmation the names of 427 Army nurses who have been nominated for permanent commissions in the Regular Army Nurse Corps.

Colonel Florence A. Blanchfield headed the previous list of 73 nurses whose commissions were confirmed on July 8. She was presented her commission on July 18 in a ceremony held in the office of General of the Army Dwight D. Eisenhower, Chief of Staff.

A breakdown of today's nomination list shows that a total of 120 have been recommended for appointment as captains and 307 for appointment as first lieutenants.



## NOMINATE 427 MORE NURSES FOR REGULAR ARMY NURSE CORPS (Continued)

On confirmation, the strength of the Regular Army Nurse Corps will be 500. The authorized strength of the new component has been set at 2,558.

Registered nurses with previous military service who are between the ages of 21 to 35 may apply for commissions in the Regular Army until September 30, 1947.

### MEDICAL DEPARTMENT AFFILIATION CONFERENCE

A conference was held in the Office of The Surgeon General, 10-11 July, on the subject of implementation by the Medical Department of the War Department Affiliation Program. The conference conducted by Brig. General Guy B. Donit, Deputy for Plans, Surgeon General's Office, was attended by representatives of the War Department General Staff, the major forces, army commands (ZI), the two Army medical centers, and the named general hospitals. Various phases of the affiliation program were discussed by the conferees under the guidance of discussion chairmen, who included Lt. Col. A. A. Shumsky, Organization & Training Division, WDGS; Col. H. E. Leech, Personnel Division, SGO; Col. R. E. Duke, Education & Training Division, SGO; Col. J. G. Jones, Supply Division, SGO; Col. F. B. Westervelt and Lt. Col. J. H. Voogtly, Office of Plans, SGO; and Lt. Col. C. H. Walsh, Hospital Division, SGO.

The purpose of the conference was to explain the War Department Affiliation Program in its application to the Medical Department and to outline the steps to be taken in its implementation. It was emphasized that the affiliated-unit principle is not something new, but one that has been tried and proven through the experience of two major wars. The War Department is preparing to re-establish the affiliated program on a greatly expanded scale. Civilian organizations will be invited to sponsor medical units which will be organized and trained in a Reserve status so as to be ready to take to the field quickly in event of emergency.

It is proposed, as an initial objective, to approach the civilian medical schools and hospitals which sponsored Medical Department units during World War II. Later, new sponsors may be added. These institutions will be asked to sponsor the same or similar types of hospitals as they sponsored in World War II-- general, evacuation, and surgical-type hospitals. Other types of units may be included in the program at a later date.

### COLONEL MCCALLAM ADDRESSES AVMA

Serious consideration must be given to the subject of atomic explosion, Colonel James A. McCallam, V.C., Chief, Veterinary Division, Army Medical Department, said in "Developments Affecting The Army Veterinary Service" his recent talk before the American Veterinary Medical Association at Cincinnati, Ohio.



## COLONEL MCCALLAM ADDRESSES AVMA (Continued)

A few of the significant questions Colonel McCallam mentioned follow: What is the tolerance of radiation for the various species of livestock? How many radiation sickness in animals be detected early; properly diagnosed, and a prognosis made? What will be the effect of radiation exposure on breeding stock? What effects may radiation exposure have on dairy cows, relative milk production? What is the danger in consuming milk or meat from animals subject to uncontrolled radioactivity? What effect would forage subject to radiation exposure have on animals eating it? How and when should exposed animals be slaughtered? What special technique and deviations from normal procedure be necessary? What effect would radioactivity have on canned foods; foods in boxes, bags or packages in cold storage or dry warehouses? In its role as guardian of the livestock industry and in the interest it has in the field of public health and welfare the veterinary profession must give serious consideration to these questions.

### ARMY VETERINARY EXHIBIT

The wide range of Army Veterinary Corps activities, in the face of the displacing of horses and mules by trucks and tanks, is illustrated by an exhibit at the 84th annual convention of the American Veterinary Medical Association at the Wetherland Plaza hotel at Cincinnati during the week of August 18-21.

Veterinary officers now are assigned in six foreign countries as consultants on the staffs of military governments and American military missions. By directing fights against devastating animal diseases these officers play a vital role in helping stabilize a country's economy.

At the Army Institute of Pathology in Washington is maintained a Registry of Veterinary Pathology which records the pathological features of all known animal maladies in this country.

One of the most significant roles of the veterinary officer is in food inspection and by this means the prevention of diseases transmissible to man by animals through meats, milk and other feeds of animal origin.

One section of the exhibit is devoted to the training of veterinary officers. To keep up the high type of service given in the past it has been necessary to establish a research and development project and to improve the equipment used for feed inspection and analysis.

A fifth section of the exhibit deals with a new plan adopted this summer for the prevention and control of rabies, based largely on the experience with military dogs during the last war. It includes compulsory vaccination of all dogs on military reservations, and vaccination with three graduated doses of tested vaccine, administered at weekly intervals, once each year.



## AN ARMY CAREER IN PHYSICAL THERAPY

As a result of the passage of recent legislation, the Army now offers to graduates of approved Physical Therapy Training Courses a career which affords unusual opportunities.

Public Law 36 authorizes a Physical Therapist Section in the Women's Medical Specialist Corps of the Regular Army and provides for these officers all the benefits and privileges applicable to male commissioned officers of the Regular Army. This position offers an attractive opportunity for the young woman who is eager to direct her life into channels which will not only be most productive of personal happiness and satisfaction, but which will also insure professional advancement and development.

The War Department has recently authorized the establishment of a Physical Medicine Service in Army hospitals on the same organizational level as the other major services. Working in well-equipped departments under medical officers who have particular interest and training in this field, Physical Therapists are given opportunities for optimum professional guidance and growth. High standards of performance and alertness are maintained and study programs and conferences are encouraged for all Physical Therapists serving in Army hospitals.

Physical Therapists in the Army may be assigned to general or station hospitals in this country or overseas. Assignments are rotated so that the experience of each individual is varied. Every effort is made to give each officer the chance to develop her individual capabilities and potentialities in so far as the exigencies of the service will permit.

The Physical Therapist in the Army has unequalled opportunities for travel with its attendant cultural achievements and pleasurable experiences. Her overseas assignments provide unusual occasion for orientation to the peoples and customs of foreign lands. Knowledge of professional practices of other countries may be attained first hand. The broader interest and enlightened perspective gained by extensive travel add greatly to the accomplishment of a full and colorful life.

From the economic standpoint, few careers offer advantages equal to those tendered to Physical Therapists by the Army. The financial compensation is above the average for members of this profession. Medical and dental care are factors of some consequence. In addition, retirement privileges far exceed those authorized in civilian positions. In short, an Army career permits the Physical Therapist to maintain an acceptable standard of living which is commensurate with her professional and personal qualifications.



## AN ARMY CAREER IN PHYSICAL THERAPY (Continued)

Wherever she travels, her entree into Army circles provides companionship. She may always be a part of the pleasant social life characteristic of Army Posts, both at home and overseas. Few other environments offer comparable recreational facilities and possibilities for entertainment. Valued friendships thrive in the prevailing atmosphere of common interest and in the knowledge that these contacts will be maintained and frequently renewed during a lifetime in the Army.

Tradition throughout the years has bestowed upon commissioned officers of the Regular Army an enviable prestige. This, properly regarded, is a source of pride and satisfaction to those who have chosen this life as a career. The advantages of a career as a Physical Therapist in the Army cannot be mentioned without reference to the wartime as well as to the peacetime program. The record of the Medical Department during the recent War is, by now, well known to all. To be an integral part of such an organization presents opportunities for service and experience which cannot but be of paramount interest and importance to the young Physical Therapist who now has under consideration the various avenues which are open to her.

### VETERINARY RESEARCH LABORATORY MOVED

The Veterinary Research Laboratory (9935 TSU-SGO), which has been located at Robinson Quartermaster Depot (Remount), Fort Robinson, Nebr., since September 1945, has been moved to the Army Medical Center, Washington, D. C.

Captain Chester A. Gleiser, V.C., who was with the laboratory at Fort Robinson has also been transferred to the Army Medical Center.

### DR. EDWARD M. GUNN HEADS COMMITTEE ON MEDICAL TRAINING AIDS

Dr. Edward M. Gunn, former Lieutenant Colonel Medical Corps, at present Chief of the Army Medical Illustration Service, Army Institute of Pathology, is serving as chairman of the Inter-Departmental Committee on Medical Training Aids. The Inter-Departmental Committee composed of representatives of the Army, Navy, United States Public Health Service and the Veterans Administration was organized at the direction of the Secretary of the Navy and the Secretary of War for the purpose of coordinating the need, preparation, and utilization of motion pictures and allied audiovisual aids dealing with medical subjects. The Committee has already catalogued all medical audiovisual aids for the purpose of determining the needs of revised and new material to properly carry out their professional and technical training requirements.



## ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL WILLIAM H. AMSPACHER, MC, of Norman, Okla., formerly of Student Detachment, Headquarters, First Army, Governors Island, N.Y., with station at Massachusetts General Hospital, Boston, Mass., assigned to Surgical Consultants Division.

COLONEL CHARLES H. BRAMLITT, MC, of Washington, North Carolina, formerly of Student Detachment, Command & Staff College, Fort Leavenworth, Kansas, assigned to Personnel Division, Military Personnel Branch, Classification & Assignments Section.

COLONEL ALVIN L. GORBY, MC, of Oklahoma City, Okla., formerly of Headquarters, European Command, Office of the Chief Surgeon, assigned to Personnel Division, Overhead.

COLONEL THOMAS J. HARTFORD, MC, of Washington, D.C., formerly of National War College, Washington, D.C., assigned to Office of Deputy for Plans.

COLONEL DAVID E. LISTON, MC, of Alexandria, Va., formerly of Troop Information & Education Division, Office of Chief of Staff, Washington, D.C., assigned to Personnel Division, Military Personnel Branch, Office of the Chief.

COLONEL DON LONGFELLOW, MC, of Washington, D. C., formerly of Headquarters, First Army with station at Yale University, assigned to Medical Research & Development Board, Overhead.

COLONEL PAUL I. ROBINSON, MC, of Waltonville, Ill., formerly of Headquarters, St. Louis Medical Depot, St. Louis, Mo., assigned as Chief of Personnel Division.

LIEUTENANT COLONEL STEPHEN G. ASBILL, VC, of Davis, Calif., formerly of Medical Section, Atlanta General Depot, Atlanta, Ga., assigned to Supply Division, Depot Branch.

LIEUTENANT COLONEL MALCOLM B. BECKHAM, MAC, of Washington, D.C., formerly of Army Medical Library, Washington, D. C., assigned to Administrative Office.

LIEUTENANT COLONEL OSCAR B. GRIGGS, MC, of Philadelphia, Pa., formerly of Personnel Center, Camp Stoneman, Calif., assigned to Physical Standards Division, Disposition & Retirement Branch.

LIEUTENANT COLONEL GEORGE D. NEWTON, MC, of New York City, N.Y., formerly of Headquarters, Second Army, Fort George G. Meade, Md., assigned to Physical Standards Division, Disposition & Retirement Branch.

LIEUTENANT COLONEL ROBERT J. O'CONNOR, JAGD, of Washington, D. C., formerly of Judge Advocate General's Office, Washington, D. C., assigned to Legal Office.

LIEUTENANT COLONEL VERNON D. PETTIE, MC, of Arlington, Va., formerly of Student Detachment, Walter Reed General Hospital, Washington, D. C., assigned to Education & Training Division, Office of the Chief.

LIEUTENANT COLONEL CHARLES D. SHIELDS, MC, of Buffalo, N.Y., formerly of Student Detachment, Brooke Army Medical Center, Fort San Houston, Texas, assigned to Preventive Medicine Division, Infectious Disease Control Branch.

LIEUTENANT COLONEL HOWARD A. VANAUKEN, MC, of Washington, D. C., formerly of Brooke Army Medical Center, Fort San Houston, Texas, assigned to Preventive Medicine Division, Laboratories Branch.



## ARRIVALS, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR RALPH W. BUNN, PC, of Bethesda, Md., formerly of Student Detachment, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Preventive Medicine Division, Environmental Sanitation Branch.

MAJOR THOMAS G. FAISON, MC, of Cotter, Arkansas, formerly of Headquarters, Second Army, Fort George G. Meade, Md., assigned to Preventive Medicine Division, Infectious Disease Control Branch, Venereal Diseases Section.

MAJOR JOHN J. MALONEY, MC, of Rock Rapids, Iowa, formerly of Fort Hamilton, N.Y., assigned to Hospital Division, Administration Branch.

MAJOR RALPH J. RICHARDS, JR., PC, of Oklahoma City, Okla., formerly of St. Louis Medical Depot, St. Louis, Mo., assigned to Personnel Division, Military Personnel Branch, Procurement, Separation & Reserve Section.

MAJOR MARION C. STITH, PC, of Henderson, Ky., formerly of Pratt General Hospital, Coral Gables, Fla., assigned to Hospital Division, Office of the Chief.

MAJOR JOSEPH J. STERNAD, PC, of Washington, D.C., formerly of Personnel Center, Camp Kilmer, N.J., assigned to Supply Division, Office of the Chief.

MAJOR HENRY C. VEDDER, MC, of Oakland, Calif., formerly of Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Physical Standards Division, Disposition & Retirement Branch.

CAPTAIN LEONARD J. BISACCIA, MC, of New Hartford, Conn., formerly of Student Detachment, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Physical Standards Division, Appointment & Induction Branch.

CAPTAIN NEVILLE W. DAVISON, PC, of Hawley, Minn., formerly of Fitzsimons General Hospital, Denver, Colo., assigned to Supply Division, Depot Branch.

CAPTAIN JOSEPH W. JACOBS, MAC, of Havenford, Pa., formerly of Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Deputy for Plans, Troop Units Branch, Theater & Troop Units Section.

CAPTAIN ROBERT J. RITTER, PC, of Minneapolis, Minn., formerly of Judge Advocate General's Office, Washington, D. C., assigned to Supply Division, Distribution Branch.

1ST LIEUTENANT WILLIAM P. RUPERT, MAC, of Battle Creek, Mich., formerly of Percy Jones General Hospital, Battle Creek, Mich., assigned to Personnel Division, Personnel Authorization Unit.

1ST LIEUTENANT T. J. SHELTON, PC, of Texarkana, Arkansas, formerly of 1504 AAF Base Unit, Fairfield-Suisun, AA Field, Calif., assigned to Hospital Division, Administration Branch.

## DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL HARRY A. BISHOP, MC, of Chevy Chase, Md., formerly Chief of Hospital Division, assigned to Office of The Secretary of War, Washington, D.C., for duty with The Secretary of War's Personnel Board.

COLONEL ALVIN L. GORBY, MC, of Oklahoma City, Okla., formerly of Personnel Division, Overhead, assigned to Headquarters, Sixth Army, Presidio of San Francisco, Calif.



DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

COLONEL HAROLD B. LUSCOMBE, MC, of Omaha, Nebraska, formerly of Personnel Division, assigned to William Beaumont General Hospital, El Paso, Texas.

COLONEL JOHN T. B. STRODE, MC, of Arlington, Va., formerly of Personnel Division, Overhead, assigned to Army & Navy General Hospital, Hot Springs, Arkansas.

LIEUTENANT COLONEL GEORGE K. ARNOLD, MC, of Dallas, Texas, formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to European Command, Bremerhaven, Germany.

LIEUTENANT COLONEL ROBERT L. CAVERNAUGH, MC, of Arlington, Va., formerly Chief of Laboratories Branch, Preventive Medicine Division, assigned to Student Detachment, Walter Reed General Hospital, Washington, D. C.

LIEUTENANT COLONEL RICHARD H. B. DEAR, MC, of Washington, D. C., formerly of Personnel Division, Overhead, assigned to McCormack General Hospital, Pasadena, Calif.

LIEUTENANT COLONEL CARL T. DUBUY, MC, of Tulsa, Texas, formerly of Hospital Division, Troop Units Branch, assigned to Student Detachment, Oliver General Hospital, Augusta, Ga.

LIEUTENANT COLONEL ROBERT R. KELLEY, MC, of Washington, D. C., formerly of Personnel Division, Overhead, assigned to Student Detachment, Fitzsimons General Hospital, Denver, Colo.

LIEUTENANT COLONEL JOHN W. KEMBLE, MC, of Erie, Pa., formerly of Hospital Division, Administration Branch, assigned to Student Detachment, Walter Reed General Hospital, Washington, D. C.

LIEUTENANT COLONEL CLARK B. MELDOR, MC, of Abilene, Texas, formerly of Medical Research & Development Board, Development Branch, assigned to Student Detachment, Walter Reed General Hospital, Washington, D. C.

LIEUTENANT COLONEL BYRON A. NICHOL, MC, of Silver Spring, Md., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Student Detachment, Madigan General Hospital, Fort Lewis, Washington.

LIEUTENANT COLONEL VERNON D. PETTIT, MC, of Arlington, Va., formerly of Education & Training Division, Office of the Chief, assigned to 1714th ASU ROTC, George Washington University, Washington, D. C. as Assistant Professor of Military Science & Tactics.

LIEUTENANT COLONEL WILLIAM N. PIPER, MC, of Paris, Ill., formerly Chief of Procurement, Separation & Reserve Section, Military Personnel Branch, Personnel Division, assigned to 2472nd ASU ROTC, University of Pennsylvania, School of Medicine, Philadelphia, Pa., as Assistant Professor of Military Science & Tactics.

LIEUTENANT COLONEL JOSEPH C. THOMPSON, PC, of East Haven, Conn., formerly of Supply Division, Depot Branch, assigned to Medical Section, Atlanta General Depot, Atlanta, Ga.

MAJOR JAMES B. BATY, PC, of Trenton, N.J., formerly of Preventive Medicine Division, Environmental Sanitation Branch, Sanitary Engineering Section, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.



DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR LEO E. BENADE, PC, of Evansville, Indiana, formerly of Education & Training Division, Training Doctrine Branch, assigned to Army Institute of Pathology, Washington, D. C.

MAJOR WILLIAM W. BRYANS, MAC, of Wyomissing, Pa., formerly Chief of Administrative Office, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

MAJOR JOSEPH W. CRIM, MAC, of San Antonio, Texas, formerly of Personnel Division, Personnel Authorization Unit, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

CAPTAIN CHARLES W. ALDEN, MC, of Alexandria, Va., formerly of Neuropsychiatry Consultants Division, assigned to Student Detachment, Walter Reed General Hospital, Washington, D. C.

CAPTAIN IRVING HOFF, MC, of Holyoke, Mass., formerly of Physical Standards Division, Induction & Appointment Branch, assigned to Valley Forge General Hospital, Phoenixville, Pennsylvania.

1ST LIEUTENANT WILLIAM E. ACHILLES, MR., MC, of Geneva, N.Y., formerly of Physical Standards Division, Induction & Appointment Branch, assigned to European Command, Bremerhaven, Germany.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

CAPTAIN TO MAJOR

FRANKLIN G. HOFFMAN, MC, of Washington, D. C., assigned to Physical Standards Division, Induction & Appointment Branch.